

Fill in this information to identify the case:

Debtor name Fitzpatrick Container Company

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

Case number (if known) 20-14139-pmm

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service 600 Arch Street Philadelphia, PA 19106-1611	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address Pennsylvania Dept. of Revenue Bankruptcy Division Dept. 280946 Harrisburg, PA 17128	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Note: Debtor ceased operations in 2020, its records were incomplete, and most recent available information was a 12/31/19 Trial Balance. See Statement of Limitations.

Debtor	Fitzpatrick Container Company	Case number (if known)	20-14139-pmm
Name			
3.1	Nonpriority creditor's name and mailing address ACS	As of the petition filing date, the claim is: Check all that apply.	\$4,398.75
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.2	Nonpriority creditor's name and mailing address ADT Security Services 1 Town Center Road Boca Raton, FL 33486	As of the petition filing date, the claim is: Check all that apply.	\$268.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.3	Nonpriority creditor's name and mailing address AFLAC 1932 Wynnton Road Columbus, GA 31999	As of the petition filing date, the claim is: Check all that apply.	\$653.68
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.4	Nonpriority creditor's name and mailing address Air Center, Inc. 252 Brodhead Road Suite 300 Bethlehem, PA 18017	As of the petition filing date, the claim is: Check all that apply.	\$1,300.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.5	Nonpriority creditor's name and mailing address Airgas USA LLC 1701 E. Race Street Allentown, PA 18109	As of the petition filing date, the claim is: Check all that apply.	\$46.18
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.6	Nonpriority creditor's name and mailing address Albarell Electric Inc. 901 W. Lehigh Street Bethlehem, PA 18018	As of the petition filing date, the claim is: Check all that apply.	\$5,780.53
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.7	Nonpriority creditor's name and mailing address American Express 200 Vessey Street New York, NY 10285	As of the petition filing date, the claim is: Check all that apply.	\$29,621.61
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor	Fitzpatrick Container Company	Case number (if known)	20-14139-pmm
Name			
3.8	Nonpriority creditor's name and mailing address Amtech 1 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,576.96
3.9	Nonpriority creditor's name and mailing address Ancero, LLC 5000 Dearborn Circle Suite 300 Mount Laurel, NJ 08054 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$208.52
3.10	Nonpriority creditor's name and mailing address Apple Lane Technical Services, LLC 213 Middle Creek Road Gilbertsville, PA 19525 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,092.66
3.11	Nonpriority creditor's name and mailing address Bank of America 100 North Tryon Street Charlotte, NC 28255 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,647.51
3.12	Nonpriority creditor's name and mailing address BDL Supply 6400 Bristol Pike Levittown, PA 19057 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,431.00
3.13	Nonpriority creditor's name and mailing address Bearings & Drives Unlimited 200 CAn Do Expy Hazleton, PA 18202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,540.33
3.14	Nonpriority creditor's name and mailing address Billitier Electric, Inc. 760 Brooks Avenue Rochester, NY 14619 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,346.00

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See Statement of Limitations.

Debtor	Fitzpatrick Container Company Name	Case number (if known)	20-14139-pmm
3.15	Nonpriority creditor's name and mailing address Blaze Truck & Trailer Repair 859 Trexlertown Road Allentown, PA 18106 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,930.91
3.16	Nonpriority creditor's name and mailing address Bobst Group Inc. 146 Harrison Avenue Roseland, NJ 07068 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,479.72
3.17	Nonpriority creditor's name and mailing address Brekenridge Paper & Packaging 2425 W. Monroe Street Sandusky, OH 44870 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,418.24
3.18	Nonpriority creditor's name and mailing address Bucks cun Oil, LLC 2632 Wassergass Road Hellertown, PA 18055 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,530.55
3.19	Nonpriority creditor's name and mailing address C.H. Robinson Worldwide, Inc. 161 Wahington Street Suite 530 Conshohocken, PA 19428 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,185.62
3.20	Nonpriority creditor's name and mailing address Capital Blue Cross 2845 Center Valley Parkway, #404 Center Valley, PA 18034 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,078.75
3.21	Nonpriority creditor's name and mailing address Carl Siegfried Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,120.25

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Name			
3.22	Nonpriority creditor's name and mailing address Centrix HR 213 W. 4th Street Wilmington, DE 19801	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,768.42
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.23	Nonpriority creditor's name and mailing address ChemStation 415 Boot Road Suite B Downington, PA 19335	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$937.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.24	Nonpriority creditor's name and mailing address Cintas Corporation #061	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,726.78
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.25	Nonpriority creditor's name and mailing address Clyde S. Walton, Inc. 400 South Broad Street Lansdale, PA 19446	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7,751.87
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.26	Nonpriority creditor's name and mailing address Constellation NewEnergy, Inc. 1310 Point Street, FL 8 Baltimore, MD 21231	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$12,600.56
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.27	Nonpriority creditor's name and mailing address Corrugated Machine Services 4011 Foley glen Cir Fenton, MI 48430	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$32,550.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.28	Nonpriority creditor's name and mailing address County of Lehigh	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$16,343.60
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor	Fitzpatrick Container Company Name	Case number (if known)	<u>20-14139-pmm</u>
3.29	Nonpriority creditor's name and mailing address Custom Packaging, Inc.	As of the petition filing date, the claim is: Check all that apply.	\$248,755.15
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.30	Nonpriority creditor's name and mailing address Davis Business Machines, Inc. 924 Marcon Blvd., Suite 104 Allentown, PA 18109	As of the petition filing date, the claim is: Check all that apply.	\$89.25
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.31	Nonpriority creditor's name and mailing address DEKRA Certification, Inc. 1120 Welsh Road North Wales, PA 19454	As of the petition filing date, the claim is: Check all that apply.	\$4,620.34
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.32	Nonpriority creditor's name and mailing address Dicar Incorporated 5 Bader Road Pine Brook, NJ 07058	As of the petition filing date, the claim is: Check all that apply.	\$1,397.45
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.33	Nonpriority creditor's name and mailing address Direct Energy Business 1001 Liberty Avenue, Suite 1200 Pittsburgh, PA 15222	As of the petition filing date, the claim is: Check all that apply.	\$5,559.81
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.34	Nonpriority creditor's name and mailing address Ditech Group 3721 Goodell Road Richmond, VA 23223	As of the petition filing date, the claim is: Check all that apply.	\$3,232.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.35	Nonpriority creditor's name and mailing address EAM-Mosca Corp. 675 Jaycee Drive Hazleton, PA 18202	As of the petition filing date, the claim is: Check all that apply.	\$10,991.83
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor	Fitzpatrick Container Company Name	Case number (if known)	<u>20-14139-pmm</u>
3.36	Nonpriority creditor's name and mailing address Eastern Lift Trucks Co., Inc. Rt 73 and 549 E. Linwood Avenue Maple Shade, NJ 08052 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,227.04
3.37	Nonpriority creditor's name and mailing address Ehrlich 100 Willowbrook Lane Suite 106 West Chester, PA 19382 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$358.28
3.38	Nonpriority creditor's name and mailing address Eileen Shallow Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,849.00
3.39	Nonpriority creditor's name and mailing address EMBA Machinery, Inc. 29355 Ranney Parkway Westlake, OH 44145 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,680.00
3.40	Nonpriority creditor's name and mailing address Estate Maintenance, Inc. 7457 Industrial Park Way Macungie, PA 18062 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,784.05
3.41	Nonpriority creditor's name and mailing address Federal Express Corporation 942 South Shady Grove Road Memphis, TN 38120 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.95
3.42	Nonpriority creditor's name and mailing address First Bank 10403 West Colfax Avenue Denver, CO 80215 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,797.58

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Debtor	Fitzpatrick Container Company Name	Case number (if known)	<u>20-14139-pmm</u>
3.43	Nonpriority creditor's name and mailing address Fitzpatrick Container LLC 6923 Schantz Road Allentown, PA 18106 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,958.02
3.44	Nonpriority creditor's name and mailing address Fitzpatrick Container, LLC 6923 Schantz Road Allentown, PA 18106 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,702.28
3.45	Nonpriority creditor's name and mailing address Fitzpatrick LLC-1 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,704.75
3.46	Nonpriority creditor's name and mailing address Frank Callahan Co., Inc. 509 Bethlehem Pike Route 309 Colmar, PA 18915 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$484.28
3.47	Nonpriority creditor's name and mailing address Frantz Manufacturing Company 3201 W Le Fevre Road Sterling, IL 61081 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$753.17
3.48	Nonpriority creditor's name and mailing address Fromm Electric Supply Corp. 356 E. High Street Pottstown, PA 19464 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,529.14
3.49	Nonpriority creditor's name and mailing address Futura Services, Inc. 515 Pennsylvania Avenue Fort Washington, PA 19034 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,624.80

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Debtor	Fitzpatrick Container Company Name	Case number (if known)	20-14139-pmm
3.50	Nonpriority creditor's name and mailing address Georgia-Pacific Corrugated LLC 133 Peachtree Street NE Lbby 1 Atlanta, GA 30303-1812 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,264,555.58
3.51	Nonpriority creditor's name and mailing address Gillespie Electric, Inc. 1657 State Street East Greenville, PA 18041 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>(1,764.93)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.52	Nonpriority creditor's name and mailing address Grainger, Inc. 100 Grainger Parkway Lake Forest, IL 60045 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.93
3.53	Nonpriority creditor's name and mailing address Hano & Ginsberg LLP 2655 Philmont Avenue Suite 100 Huntingdon Valley, PA 19006 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,565.00
3.54	Nonpriority creditor's name and mailing address Healthworks Billing Office 400 Technology Drive Suite 240 Canonsburg, PA 15317 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
3.55	Nonpriority creditor's name and mailing address Hhs America Corp. 1200 S. Main Street Graham, NC 27253 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,521.92
3.56	Nonpriority creditor's name and mailing address Highmark Blue Shield P.O. Box 890173 Camp Hill, PA 17089-0173 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$515.28

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Debtor	Fitzpatrick Container Company	Case number (if known)	<u>20-14139-pmm</u>
Name			
3.57	Nonpriority creditor's name and mailing address Home Depot CRC P.O. Box 9001010 Louisville, KY 40290-1010	As of the petition filing date, the claim is: Check all that apply.	\$83.21
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.58	Nonpriority creditor's name and mailing address Hycorr Machine Corporation 3654 Midlink Drive Kalamazoo, MI 49048	As of the petition filing date, the claim is: Check all that apply.	\$10,046.51
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.59	Nonpriority creditor's name and mailing address IFS Industries, Inc. 400 Orton Avenue Reading, PA 19611	As of the petition filing date, the claim is: Check all that apply.	\$6,273.60
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.60	Nonpriority creditor's name and mailing address J. M. Fry Co., Inc. 370 Great Southwest Pkwy SW Atlanta, GA 30336	As of the petition filing date, the claim is: Check all that apply.	\$8,927.42
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.61	Nonpriority creditor's name and mailing address John B. Lynch, Jr.	As of the petition filing date, the claim is: Check all that apply.	\$12,133.32
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.62	Nonpriority creditor's name and mailing address Johnson Controls Security Solutions 1501 Yamato Road Boca Raton, FL 33431	As of the petition filing date, the claim is: Check all that apply.	\$1,072.00
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.63	Nonpriority creditor's name and mailing address Kampack, Inc. 100 Main Street Bristol, PA 19007	As of the petition filing date, the claim is: Check all that apply.	\$197,712.72
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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See Statement of Limitations.

Debtor	Fitzpatrick Container Company Name	Case number (if known)	<u>20-14139-pmm</u>
3.64	Nonpriority creditor's name and mailing address Kistler O'Brien Fire Protection 2210 City Line Road Bethlehem, PA 18017	As of the petition filing date, the claim is: Check all that apply.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,662.84
3.65	Nonpriority creditor's name and mailing address L.M. Robbins 5757 Oakwood Lane Slatington, PA 18080	As of the petition filing date, the claim is: Check all that apply.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____	\$2,353.61
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.66	Nonpriority creditor's name and mailing address Lehigh County Authority 1718 Spring Creek Road Macungie, PA 18062	As of the petition filing date, the claim is: Check all that apply.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____	\$325.56
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.67	Nonpriority creditor's name and mailing address Lloyd's Register Quality Assurance 1 Trinity Park Bickenhill Lane Birmingham England B37 7ES UNITED KINGDOM	As of the petition filing date, the claim is: Check all that apply.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____	\$875.00
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.68	Nonpriority creditor's name and mailing address M&G Packaging Corp. 99 Seaview Blvd., 1D Port Washington, NY 11050-4632	As of the petition filing date, the claim is: Check all that apply.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____	\$16,405.02
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.69	Nonpriority creditor's name and mailing address Manufacturer's Resource Center 7200A Windsor Drive Allentown, PA 18106	As of the petition filing date, the claim is: Check all that apply.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____	\$4,950.00
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.70	Nonpriority creditor's name and mailing address Marc E. Leh	As of the petition filing date, the claim is: Check all that apply.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____	\$3,245.22
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor	Fitzpatrick Container Company Name	Case number (if known)	<u>20-14139-pmm</u>
3.71	Nonpriority creditor's name and mailing address McMaster-Carr Supply Company 200 New Canton Way Trenton, NJ 08691-2343	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$507.27
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.72	Nonpriority creditor's name and mailing address MetLife 200 Park Avenue New York, NY 10166	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$329.93
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.73	Nonpriority creditor's name and mailing address Michigan Packaging 700 Eden Road Mason, MI 48854	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$14,166.09
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.74	Nonpriority creditor's name and mailing address Monarch Door Company 808 Doylestown Pike Quakertown, PA 18951	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,730.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.75	Nonpriority creditor's name and mailing address Motion Industries 1605 Alton Road Birmingham, AL 35210	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,292.52
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.76	Nonpriority creditor's name and mailing address MSC Industrial Supply Co. 100 MSC Drive Jonestown, PA 17038	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$11,055.94
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.77	Nonpriority creditor's name and mailing address Multicell North, Inc. 240 Broad Street Kutztown, PA 19530	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,172.30
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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See Statement of Limitations.

Debtor	Fitzpatrick Container Company Name	Case number (if known)	<u>20-14139-pmm</u>
3.78	Nonpriority creditor's name and mailing address National Roll Kote 55 Harbor Drive New Castle, DE 19720 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,833.00</u>
3.79	Nonpriority creditor's name and mailing address NFI Industries LLC 2 Cooper Street Camden, NJ 08102 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$104,195.00</u>
3.80	Nonpriority creditor's name and mailing address Nicholas G. Hano 2655 Philmont Avenue Suite 100 Huntingdon Valley, PA 19006-5314 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,500.00</u>
3.81	Nonpriority creditor's name and mailing address Noll Pallet and Lumber Co. 58 Orchard Lane Leesport, PA 19533 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$23,702.50</u>
3.82	Nonpriority creditor's name and mailing address Open Text Inc. Tearneck, NJ Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$507.48</u>
3.83	Nonpriority creditor's name and mailing address PA Industrial Equipment 215 S. Washington Street Boyertown, PA 19512 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,955.25</u>
3.84	Nonpriority creditor's name and mailing address Pallet Express Inc. 2906 William Penn Hwy Easton, PA 18045 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,178.32</u>

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Debtor	Fitzpatrick Container Company	Case number (if known)	20-14139-pmm
Name			
3.85	Nonpriority creditor's name and mailing address Patrick Stark	As of the petition filing date, the claim is: Check all that apply.	\$1,505.49
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.86	Nonpriority creditor's name and mailing address Penske Truck Leasing Co., L.F. 2675 Morgantown Road Reading, PA 19607	As of the petition filing date, the claim is: Check all that apply.	\$1,335.58
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.87	Nonpriority creditor's name and mailing address Pitt Ohio Express LLC 15 27th Street Pittsburgh, PA 15222	As of the petition filing date, the claim is: Check all that apply.	\$2,134.10
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.88	Nonpriority creditor's name and mailing address PPL Electric Utilities 827 Hausman Road Allentown, PA 18104	As of the petition filing date, the claim is: Check all that apply.	\$1,949.90
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.89	Nonpriority creditor's name and mailing address Praxair 2929 E. Township Line Road Souderton, PA 18964	As of the petition filing date, the claim is: Check all that apply.	\$475.03
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.90	Nonpriority creditor's name and mailing address Provident Packaging Corp. 8701 Torresdale Avenue Philadelphia, PA 19136	As of the petition filing date, the claim is: Check all that apply.	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: <u>(\$25,776.65)</u>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.91	Nonpriority creditor's name and mailing address Purchase Power 2727	As of the petition filing date, the claim is: Check all that apply.	\$1,613.23
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor	Fitzpatrick Container Company Name	Case number (if known)	20-14139-pmm
3.92	Nonpriority creditor's name and mailing address Radwell International Inc. 1 Millennium Drive Willingboro, NJ 08046 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,843.55
3.93	Nonpriority creditor's name and mailing address RCN 650 College Road E, #3100 Princeton, NJ 08540 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$575.00
3.94	Nonpriority creditor's name and mailing address Red Line Truck and Trailer Sales 347 Main Street Scranton, PA 18519 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,810.00
3.95	Nonpriority creditor's name and mailing address Republic Services #282 18500 N. Allied Way Phoenix, AZ 85054 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$910.15
3.96	Nonpriority creditor's name and mailing address Richmond Corrugated Box Company 5301 Corrugated Road Sandston, VA 23150 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,214.66
3.97	Nonpriority creditor's name and mailing address Rock Tenn CP, LLC 4523 Braggs Road Greenville, AL 36037 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,013.65
3.98	Nonpriority creditor's name and mailing address Rogers Rentals 1635 State Street East Greenville, PA 18041 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,973.21

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Debtor	Fitzpatrick Container Company Name	Case number (if known)	<u>20-14139-pmm</u>
3.99	Nonpriority creditor's name and mailing address Rumsey	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>(\$1040.90)</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.100	Nonpriority creditor's name and mailing address Ryder Transportation Services 11690 NW 105th Street Miami, FL 33178	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$21,090.88
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.101	Nonpriority creditor's name and mailing address Saucon Valley Country Club 2050 Saucon Valley Road Bethlehem, PA 18015	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,239.78
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.102	Nonpriority creditor's name and mailing address Service Tire Truck Centers 2255 Avenue A Bethlehem, PA 18017	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$420.72
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.103	Nonpriority creditor's name and mailing address Shallcross Investments, LLC 2655 Philmont Avenue Huntingdon Valley, PA 19006	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$491,500.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.104	Nonpriority creditor's name and mailing address SIG Investments 2655 Philmont Avenue Suite 206 Huntingdon Valley, PA 19006	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$53,400.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.105	Nonpriority creditor's name and mailing address Southern Container Corp. 500 Richardson Drive Lancaster, PA 17603	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,284,571.80
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Note: Debtor ceased operations in 2020, its records were incomplete, and most recent available information was a 12/31/19 Trial Balance. See Statement of Limitations.

Debtor	Fitzpatrick Container Company	Case number (if known)	<u>20-14139-pmm</u>
Name			
3.106	Nonpriority creditor's name and mailing address Stafford Corrugated Products 1041 Van Buren Avenue Indian Trail, NC 28079	As of the petition filing date, the claim is: Check all that apply.	\$18,127.34
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.107	Nonpriority creditor's name and mailing address Stanford S. Hunn Associates 171 Corporate Drive Montgomeryville, PA 18936	As of the petition filing date, the claim is: Check all that apply.	\$375.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.108	Nonpriority creditor's name and mailing address State of New Jersey - CBT 50 Barrack Street Trenton, NJ 08608	As of the petition filing date, the claim is: Check all that apply.	\$299.61
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.109	Nonpriority creditor's name and mailing address Suburban Leasing Company 2655 Philmont Avenue Huntingdon Valley, PA 19006-5314	As of the petition filing date, the claim is: Check all that apply.	\$15,918.22
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.110	Nonpriority creditor's name and mailing address Sun Chemical Corporation 35 Waterview Boulevard Parsippany, NJ 07054-1285	As of the petition filing date, the claim is: Check all that apply.	\$1,985.21
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.111	Nonpriority creditor's name and mailing address Sun Source 1 LLC 111 Woodcrest Road Cherry Hill, NJ 08003	As of the petition filing date, the claim is: Check all that apply.	\$2,794.44
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.112	Nonpriority creditor's name and mailing address Tenant Sales and Service Co. 104 Clean Street Eden Prairie, MN 55344-2650	As of the petition filing date, the claim is: Check all that apply.	\$117.93
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor	Fitzpatrick Container Company Name	Case number (if known)	20-14139-pmm
3.113	Nonpriority creditor's name and mailing address Thacker Marketing and Sales 3600 Highway 199 West Springtown, TX 76082	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$42,000.00
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.114	Nonpriority creditor's name and mailing address TQM Logistics Solutions, Inc. 200 Gibraltar Road Suite 110 Horsham, PA 19044	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,637.91
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.115	Nonpriority creditor's name and mailing address U-Line 700 Uline Way Allentown, PA 18106	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$423.30
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.116	Nonpriority creditor's name and mailing address U.S. Dept. of Labor (c/o James George) 1835 Market Street, 21st Floor Mailstop EBSA/21 Philadelphia, PA 19103	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.117	Nonpriority creditor's name and mailing address UGI Energy Services, Inc. 460 N. Gulph Road King of Prussia, PA 19406	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,978.24
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.118	Nonpriority creditor's name and mailing address Unity Graphics & Engraving 210 S. Van Brunt Street Englewood, NJ 07631-4012	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,172.60
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.119	Nonpriority creditor's name and mailing address Upper Macungie Tax Collector 8330 Schantz Road Breinigsville, PA 18031	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$91,363.03
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor	Fitzpatrick Container Company Name	Case number (if known)	20-14139-pmm
3.120	Nonpriority creditor's name and mailing address UPS 55 Glenlake Parkway Atlanta, GA 30328 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$125.00
3.121	Nonpriority creditor's name and mailing address V T Graphics 465 Penn Street Lansdowne, PA 19050 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,541.00
3.122	Nonpriority creditor's name and mailing address Valco Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,192.56
3.123	Nonpriority creditor's name and mailing address Valley Forge Container 5 Iron Bridge Drive Collegeville, PA 19426 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,428.48
3.124	Nonpriority creditor's name and mailing address Valley Hydraulics and Air, Inc. 6313 Winside Drive Bethlehem, PA 18017 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$930.00
3.125	Nonpriority creditor's name and mailing address Verizon P.O. Box 15124 Albany, NY 12212-5124 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$809.89
3.126	Nonpriority creditor's name and mailing address Verizon Cabs Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Basis for the claim: <u>(\$174.98)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Note: Debtor ceased operations in 2020, its records were incomplete, and most recent available information was a 12/31/19 Trial Balance. See Statement of Limitations.

Debtor	Fitzpatrick Container Company Name	Case number (if known)	20-14139-pmm
3.127	Nonpriority creditor's name and mailing address Pitney Bowes Global Financial Services LLC 27 Waterview Drive Shelton, CT 06484 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$905.87
3.128	Nonpriority creditor's name and mailing address Pitney Bowes Global Financial Services LLC 27 Waterview Drive Shelton, CT 06484 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,311.90
3.129	Nonpriority creditor's name and mailing address WBA Automation Division Date(s) debt was incurred _____ Last 4 digits of account number _____ —	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,253.75
3.130	Nonpriority creditor's name and mailing address WestRock Company and affiliates 3950 Shackleford Road Duluth, GA 30096 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,460,407.29
3.131	Nonpriority creditor's name and mailing address WestRock Southern Container, LLC 3950 Shackleford Road Duluth, GA 30096 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,190.82
3.132	Nonpriority creditor's name and mailing address Verizon Wireless P.O. Box 15124 Albany, NY 12212-5124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,424.13
3.133	Nonpriority creditor's name and mailing address Wily Machine, LLC 300 Moselem Church Road Kutztown, PA 19530 — Date(s) debt was incurred — Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>(\$174.98)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,741.00

Note: Debtor ceased operations in 2020, its records were incomplete, and most recent available information was a 12/31/19 Trial Balance. See Statement of Limitations.

Debtor **Fitzpatrick Container Company**
Name

Case number (if known)

20-14139-pmm

3.134	Worth & Company, Inc. 6263 Kellers Church Road Pipersville, PA 18947	As of the petition filing date, the claim is: Check all that apply.	10,515.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred —	Basis for the claim: —	
	Last 4 digits of account number —	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.135	Nonpriority creditor's name and mailing address Zee Medical Service 2745 Leisczs Bridge Road Reading, PA 19605 —	As of the petition filing date, the claim is: Check all that apply.	384.68
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred —	Basis for the claim: —	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.136	Nonpriority creditor's name and mailing address Thomas J. Shallow, Jr. 9015 Forest Hill-Irene Cove Germantown, TN 38139	As of the petition filing date, the claim is: Check all that apply.	29,500.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred —	Basis for the claim: —	
	Last 4 digits of account number —	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred —	Basis for the claim: —	
	Last 4 digits of account number —	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred —	Basis for the claim: —	
	Last 4 digits of account number —	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1
5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	0.00
5b.	+	6,170,382.44
5c.	\$	6,170,382.44